

## VOLUNTEER CHECKLIST

Please complete the following for **all** individuals volunteering for your program.

Volunteer Name: \_\_\_\_\_

Location: \_\_\_\_\_ Program: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Volunteer Duties: \_\_\_\_\_

### Section 1

#### Volunteer Screening Form

Copy of Driver's License or Photo ID  Yes Date \_\_\_\_\_

Live Scan  Yes Date \_\_\_\_\_

References  Yes Date \_\_\_\_\_

TB Clearance  Yes Date \_\_\_\_\_

### Section 2

#### Checklist

Volunteer Application Completed  Yes Date \_\_\_\_\_

Volunteer Liability Waiver Completed  Yes Date \_\_\_\_\_

Volunteer Program - Policy Statement  Yes Date \_\_\_\_\_

Volunteer Code of Ethics Completed  Yes Date \_\_\_\_\_

Confidentiality Agreement  Yes Date \_\_\_\_\_

All the above **MUST** be completed prior to the volunteer beginning their assignment at El Nido Family Centers.

\_\_\_\_\_  
Program Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Development Coordinator Signature

\_\_\_\_\_  
Date